UNITED
NATIONS

E

Economic and Social Council

Distr.
GENERAL

E/1992/67
15 June 1992

ORIGINAL: ENGLISH

Substantive session of 1992
29 June-31 July 1992
Item 3 of the provisional agenda*

COORDINATION QUESTIONS

Coordination of the policies and activities of the specialized agencies and other bodies of the United Nations system

Prevention and control of HIV/AIDS and programmes addressed to the mitigation of its negative socio-economic consequences

Report of the Secretary-General

SUMMARY

The present report discusses the challenges of the evolving human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) pandemic as it relates to a series of wide-ranging health and socio-economic issues, including prevention of transmission of HIV infection, demographic impact of the disease, effect on vulnerable populations and negative effects on women and their children. A range of agencies of the United Nations system are already involved with AIDS-related issues in response to this challenge. The coordination mechanisms that have evolved over the past five years are presented as well as the policies enacted and activities carried out by the United Nations system.

This report describes the prevention and control activities undertaken by the agencies and further indicates programmes aimed at the mitigation of negative social and economic effects. It concludes by enlisting key principles that should guide an effective response to the pandemic as well as recommendations for improving coordination among the partners of the United Nations system at the country and global levels.

It is generally agreed that prevention is the fundamental principle on which efforts to respond to the epidemic must be based.

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INTRODUCTION

1. The acquired immune deficiency syndrome (AIDS) pandemic has been increasingly recognized during the last several years as both a major health problem and a serious threat to social and economic development. The response of national Governments, international agencies, bilateral aid institutions and non-governmental organizations has grown substantially. Recognizing the need to coordinate action, particularly within the United Nations system, the Economic and Social Council, at its organizational session for 1992, on 7 February 1992 decided (decision 1992/204) that the coordination segment of the Council of 1992 should be devoted to the coordination of the policies and activities of the specialized agencies and other bodies of the United Nations system related, inter alia, to prevention and control of HIV/AIDS and programmes addressed to the mitigation of its negative socio-economic consequences. The Secretary-General, as Chairman of the Administrative Committee on Coordination (ACC), requested the World Health Organization (WHO) to prepare the background document on that theme in consultation with relevant organizations of the United Nations system. The present report responds to that request. It incorporates information provided by 15 agencies and organizations of the United Nations system with respect to their policies and activities related to the prevention and control of AIDS and the mitigation of the social and economic consequences of HIV/AIDS. This input, together with the experience of WHO with the major substantive issues surrounding the AIDS pandemic, provides the basis for this report.

I. THE CHALLENGE OF THE EVOLVING PANDEMIC

2. The global pandemic of AIDS has evolved over the last 10 years into a major threat to the health, development and economic and political stability of nations around the world. Transmitted predominantly through sexual intercourse, AIDS, like other sexually transmitted diseases, can also be transmitted by blood and blood products and from mother to child. First recognized in five individuals in 1981, the causal agent, human immunodeficiency virus (HIV), remained undiscovered until 1983. World-wide mobilization to combat the disease, under the aegis of WHO, did not begin until 1986. WHO estimated as of early 1992 that at least 10-12 million men, women and children worldwide had become infected with HIV since the start of the pandemic. Some 2 million had gone on to develop AIDS, which occurs up to 10 years on average after initial infection with the virus. WHO estimates that by the year 2000 a cumulative total of 30-40 million men, women and children will have been infected, and 12-18 million will have developed AIDS. Nearly 90 per cent of these projected HIV infections and AIDS cases will occur in developing countries. In sub-Saharan Africa alone, up to 10 million children will be orphaned by the year 2000 as their mothers, or both parents, die of AIDS. Furthermore, the incidence of other infections linked to depression of immune status in HIV-infected persons is greatly increasing. In some areas, 50 per cent of HIV-infected persons have tuberculosis, and this points to a veritable tuberculosis epidemic within the AIDS pandemic.

3. In the countries that have been hardest hit, not only is HIV/AIDS having a direct impact on health status, health services and health systems, but it will impact as well on the social and economic development of countries over the medium-to-long term. The multidimensional nature of AIDS demands a multisectoral response, directed first and foremost at prevention of HIV infection. There is an unprecedented imperative for coordinated action and mutually reinforcing strategies to which a broad range of Governments, organizations and community groups must contribute. Reasons for this include:

(a) The demographic impact of AIDS. Mortality rates of children under five are rising in many countries because of perinatal transmission of HIV/AIDS, making the achievement of child health goals adopted by the 1990 World Summit for Children even more difficult than originally envisaged. Furthermore, in some developing countries, where one third of sexually active adults are infected in many urban areas, there has been a threefold increase in adult mortality among those within the most productive sector of the population, namely, persons aged 25-49;

(b) The disproportionate effect of HIV/AIDS among more vulnerable populations, namely, those already burdened by poverty, lack of opportunity and limited access to basic services. Many of the countries most affected by AIDS are among the poorest, the most burdened by debt and implementation of economic adjustment policies, and the most disrupted by natural disasters, civil strife and endemic diseases;

(c) The lack of vaccine or cure. Life-prolonging therapies against HIV-related illnesses are increasingly available but remain beyond the reach of developing countries. A number of vaccines are under development but the chances of having a preventive vaccine by the end of the decade are modest at best;

(d) The need to change fundamental behaviours and practices. HIV infection often occurs among persons who have unprotected sexual intercourse with multiple partners; persons who indulge in other high-risk behaviour, such as injecting drug use; and persons whose social situation (involving such factors as poverty, social status, cultural norms and lack of opportunity) often makes them unable or unwilling to change their behaviour;

(e) The growing, deleterious impact of HIV/AIDS on women, whose risk of becoming HIV-infected is heightened in part by relatively low social status, gender-related factors and biological vulnerabilities;

(f) Widespread complacency, denial and fatalism concerning the pandemic's current and anticipated magnitude, which present formidable obstacles to the development of control efforts;

(g) Discrimination against persons with HIV/AIDS, stemming from the stigma attached to sexually transmitted diseases, misunderstanding about how HIV is transmitted, the tendency of HIV/AIDS to occur in marginalized groups and fear of the deadly nature of the disease.

4. The United Nations system - with its wide range of agencies that have expertise in almost every sector of economic and social development - is well placed to respond to the pandemic both comprehensively and effectively.

5. A range of agencies of the United Nations system are already involved with AIDS-related issues at a variety of levels. Greater involvement and coordination is necessary, however, to meet the unprecedented challenge of the AIDS pandemic. The United Nations system response to HIV/AIDS has to be unified, with each member of the system contributing appropriate, mutually reinforcing resources and expertise. Together, all parts of the system must recognize and respond to the major programming challenge of AIDS - to act as rapidly as possible using what is currently known while simultaneously collaborating on the development of new, innovative and more effective strategies and approaches.

6. First and foremost, coordination policies and mechanisms must lead to activities that stem the transmission of HIV/AIDS, thereby preventing further infection and disease and/or mitigating its consequences on both individuals and societies. Long-term control of AIDS will also be facilitated by activities that reduce the contribution of the socio-economic factors that cause ill health, for example, poverty and underdevelopment. Given the current state of knowledge and the rapid evolution of the AIDS pandemic, these efforts must include further behavioural and biomedical research as well as activities that apply what has already been learned about prevention, care and the multifaceted consequences of the disease.

II. THE EVOLUTION OF AIDS-RELATED COORDINATION MECHANISMS WITHIN THE UNITED NATIONS SYSTEM

7. In resolution 42/8 of 26 October 1987, the General Assembly, recognizing the established leadership and the essential global directing and coordinating role of the World Health Organization in AIDS prevention, control and education, confirmed that WHO should continue to direct and coordinate the urgent global battle against AIDS. The Assembly urged all appropriate organizations of the United Nations system, including the specialized agencies, bilateral and multilateral agencies and non-governmental and voluntary organizations, in conformity with the Global Strategy for the prevention and control of AIDS (hereinafter referred to as the Global AIDS Strategy), to support the world-wide struggle against AIDS and requested the Secretary-General to ensure, in close cooperation with the Director-General of WHO and through the appropriate existing mechanisms, a coordinated response by the United Nations system to the AIDS pandemic.

8. WHO formed its Control Programme on AIDS in 1986, within the organization's Division for Communicable Diseases. Within six months the number of Programme staff had grown from 2 to 29 and in February 1987 the Control Programme was given the status of a WHO Special Programme. In 1988 the Special Programme on AIDS was renamed the WHO Global Programme on AIDS (WHO/GPA) and was charged with implementing the Global AIDS Strategy and coordinating the world-wide response to the AIDS pandemic.

9. The earliest formal mechanism to coordinate the global response to AIDS was the meeting of participating parties for AIDS prevention and control convened by WHO in April 1986. This group then met twice a year up to April 1988, bringing together representatives of donor Governments and developing countries as well as members of the United Nations system. From November 1988, these meetings were superseded by those of the WHO/GPA Global Management Committee (GMC), where United Nations membership was increased to include the United Nations Development Programme (UNDP); the United Nations Children's Fund (UNICEF); the United Nations Educational, Scientific and Cultural Organization (UNESCO); the United Nations Population Fund (UNFPA); and the World Bank. Membership also included all donor Governments contributing to WHO/GPA, 12 countries designated by the six WHO regional committees, the Commission of the European Communities and the Chairman of the Global Commission on AIDS. Up to November 1991 GMC met biannually to review the financial status of the Programme, as well as to approve the budget and monitor its implementation. In 1991 GMC completed an external review of the Programme's activities, reviewed the update of the Global AIDS Strategy and endorsed WHO/GPA's research agenda.

10. Also, in response to General Assembly resolution 42/8, the Secretary-General established the United Nations Steering Committee to coordinate United Nations Headquarters activities in support of the Global AIDS Strategy. The Steering Committee (convened annually by the Under-Secretary-General in the former Department of International Economic and Social Affairs of the United Nations Secretariat and since 1 March 1992, by the Under-Secretary-General in the Department of Economic and Social Development of the United Nations Secretariat who was also appointed AIDS focal point for the United Nations) met first in February 1988 and set up a Standing Committee of United Nations AIDS Focal Points in New York to help monitor and coordinate implementation of the Steering Committee's decisions and to develop ideas on further activities by United Nations organizations for consideration by the Steering Committee. The Standing Committee is convened by UNDP and comprises focal points and liaison officers of participating United Nations organizations and offices in New York.

11. A further step forward in United Nations system coordination was the formation of the Inter-Agency Advisory Group on AIDS (IAAG), which was established by WHO and met for the first time in September 1988. IAAG is convened by WHO and its membership is open to all United Nations system organizations. The Group meets annually and its terms of reference are: (a) to serve as a forum for United Nations system-wide exchange of information about HIV/AIDS, (b) to identify possible joint activities and (c) to develop links among AIDS-related programme activities. A number of those activities are summarized in section III.

III. THE COORDINATION OF HIV/AIDS-RELATED POLICIES AND ACTIVITIES CARRIED OUT BY THE UNITED NATIONS SYSTEM

A. Policies

12. Alongside of the development of the coordinating bodies, several United Nations organizations were formulating policies and guidelines for support to AIDS-related activities. The Global AIDS Strategy, first elaborated in 1986 by WHO, served as the basic framework for those policies.

13. The Global AIDS Strategy has three main objectives: (a) to prevent infection with HIV, (b) to reduce the personal and social impact of HIV infection and (c) to mobilize and unify national and international efforts against AIDS. It was endorsed by the World Health Assembly in May 1987 and by the General Assembly (in its resolution 42/8) in October of that year.

14. The Global AIDS Strategy was updated in 1991. While retaining its three original objectives, the revised Global AIDS Strategy reflects the evolving response to the pandemic through the following approaches: increased emphasis on health care, more effective treatment for other sexually transmitted diseases, increased attention to the special vulnerability to HIV infection of women and their offspring, provision of a more supportive social environment for AIDS prevention, planning for the socio-economic impact of the pandemic and greater focus on overcoming stigmatization and discrimination. The updated strategy was consequently endorsed by the 7th meeting of the WHO/GPA Global Management Committee in November 1991, by the eighty-ninth session of the WHO Executive Board in January 1992 and by the Forty-fifth World Health Assembly in May 1992 (resolution WHA45.35). The updated Global AIDS Strategy will be made available by the Director-General of WHO on the implementation of the Global Strategy for the prevention and control of AIDS.

15. UNDP has been active in strengthening national capacity for HIV policy and programme development since 1986. In 1988, WHO and UNDP entered into an Alliance to Combat AIDS (officially established in 1988), in order to bring together the strengths of WHO as the international leader in health and the strengths of UNDP in social and economic development. The Alliance has been an essential tool for ensuring coordinated support at the country level to national AIDS programmes, particularly in Africa. In the period 1988-1989, WHO organized workshops for representatives of ministries of health, UNDP resident representatives and WHO country representatives to ensure full understanding of the Alliance and to outline collaborative action for its implementation in each country. Operational guidelines for the Alliance were reviewed and modified in 1992, in light of policy changes in UNDP.

16. Furthermore, a report of the Administrator on the role of UNDP in combating HIV/AIDS: policy framework for the response of UNDP to HIV/AIDS (DP/1991/57), which clarified UNDP's responsibilities with respect to the pandemic within its area of competence and comparative expertise, was presented to the UNDP Governing Council at its thirty-eighth session, held in

June 1991. The framework established a set of guiding principles and specific mandates for policy development, including increasing understanding of the development implications of the AIDS pandemic, support of community-based programmes and programmes for women and strengthening of national capacity to minimize adverse effects of the pandemic. In its decision 91/9, the Governing Council noted the policy framework and invited the Administrator to continue to intensify his efforts to lessen the negative impact of the pandemic on development within the framework of the global strategy for the prevention and control of AIDS and the WHO/UNDP Alliance to Combat AIDS and in fullest collaboration with the other agencies and organs of the United Nations system and other relevant organizations and institutions. In 1992, the Governing Council, in another decision on HIV/AIDS (see document DP/1992/L.13/Add.10), urged UNDP to continue and further strengthen collaboration with WHO and emphasized the need for complementary action by UNDP and its partners in the United Nations development system.

17. UNESCO, at the twenty-fourth session of its General Conference in October 1987, adopted a Plan of Action in the field of education for the prevention of AIDS. In 1988, UNFPA issued guidelines to identify the types of AIDS-related activities that it would consider for support; the Office of the United Nations High Commissioner for Refugees (UNHCR) issued guidelines regarding refugee protection and AIDS, including preventive health care, counselling and screening; and a consensus statement on AIDS and the workplace emerged from an International Labour Organisation (ILO)/WHO consultation on this issue.

18. Also in 1988, UNICEF submitted the first policy review on AIDS prevention to its Executive Board. This was followed by a joint WHO/UNICEF statement in January 1989 on early immunization for HIV-infected children and a decision by the UNICEF Executive Board in 1990 to establish an interregional fund to both support AIDS prevention activities and address the impact of AIDS on women and children. In 1992, UNICEF submitted a report on its programme approach for HIV/AIDS to its Executive Board.

B. Activities

19. The United Nations system's activities, whether implemented solely by one agency or coordinated with several agencies according to their particular expertise, are consistent with the principles and guidelines laid out in the Global AIDS Strategy. Based on information from IAAG members, annual reports of these activities have been submitted to the Economic and Social Council by the Director-General of WHO since 1987. Activities undertaken in 1991 are contained in document A/47/___-E/1992/68, entitled "Report of the Director-General of WHO on the implementation of the Global Strategy for the prevention and control of AIDS". The following paragraphs describe several general areas in which more than one agency is involved, including individual as well as joint efforts. Activities fall into any of three general categories: (a) HIV/AIDS prevention, (b) reduction of the social and personal impact of HIV/AIDS and (c) reduction and mitigation of the social and economic consequences of HIV/AIDS.

HIV/AIDS prevention

20. Prevention is the fundamental principle in combating HIV/AIDS. Methods of proven efficacy exist to reduce transmission through each of the three main routes, namely, sexual intercourse, blood and blood products, and that from mother to foetus or infant.

Prevention of sexual transmission of HIV

21. HIV is spread primarily though sexual intercourse. The United Nations system is supporting action in three main areas: (a) information and education to encourage safer sexual behaviour, (b) community-based behavioural change strategies and (c) improved health and social services to treat HIV/AIDS as well as other sexually transmitted diseases.

22. Information and education activities concerning how to avoid acquiring or transmitting HIV focus on three main groups (young people, high-risk groups and the general public) and have three main goals, namely, changing behaviour, disseminating knowledge and imparting skills.

23. Several United Nations system agencies are working to reduce HIV transmission among young people. The development of school-based interventions has been spearheaded by WHO and UNESCO, which have collaborated on several pilot projects involving school AIDS education. WHO and UNESCO have also collaborated in producing a guide for school health education. While also interested in school-based initiatives, UNICEF is focusing attention on other categories of youth, for example, members of youth organizations, difficult-to-reach youth and out-of-school youth. AIDS prevention education for these groups is a major thrust of UNICEF-supported activities at the country level. UNFPA is supporting the integration of AIDS prevention education into in-school and out-of-school programming aimed at young people.

24. Groups with high-risk behaviours for sexual transmission of HIV/AIDS include men who have sexual intercourse with men, sex workers and their clients, injecting drug users and persons with other sexually transmitted diseases. WHO, which is particularly active in this area, is, for example, currently testing a guide on research and assessment of needs among high-risk groups and has completed a number of reviews documenting the impact of specific interventions in such groups. WHO is also producing guides for AIDS prevention and control activities among men who have sexual intercourse with men and among injecting drug users. The United Nations International Drug Control Programme (UNDCP) plans to set up an informal interorganizational committee (in collaboration with WHO and other interested groups) to address HIV transmission through injecting drug use in a more comprehensive manner. The Crime Prevention and Criminal Justice Branch of the Centre for Social Development and Humanitarian Affairs of the United Nations Office at Vienna is particularly interested in programmes for drug users and HIV-positive prisoners.

25. Since it is often difficult to identify and target those groups with high-risk behaviours, efforts to educate the general public are essential to HIV/AIDS prevention. United Nations agency support in this area takes many forms and spans a wide range of issues and settings. First, many agencies support the inclusion of AIDS prevention messages in ongoing activities, for example, UNFPA in family planning services and UNICEF in street children initiatives. Other agencies are either developing new materials or improving those that exist. For example, WHO is both preparing guides on condom promotion and reviewing the effectiveness of education activities developed thus far, especially in the area of social marketing. The Division for the Advancement of Women of the Centre for Social Development and Humanitarian Affairs of the United Nations Office at Vienna is stressing the need to ensure that AIDS education and information are gender-sensitive and that they take into account the specific needs, concerns and values of women and girls.

26. Health and social services are another key element in the prevention of sexual transmission. Diagnosis and treatment of sexually transmitted diseases (STD) are particularly important since such diseases, if left untreated, greatly increase the risk of HIV infection. To date, a number of different agencies have supported activities in this area. For example, the World Bank and WHO have collaborated in the development of a rapid assessment procedure to determine the prevalence of common sexually transmitted diseases in a community. While those activities are continuing, WHO is also organizing a meeting of donor agencies to assess STD drug needs in developing countries, develop a coordinated approach to sustaining STD drug availability and promote the involvement of a wide range of donor agencies and international organizations in this effort.

27. Improved treatment of other diseases is also essential. For instance, in response to alarming increases in HIV-related tuberculosis, WHO is supporting studies on the relation between tuberculosis and HIV infection and on cost-effective means to prevent and treat tuberculosis in HIV-infected persons. WHO is also expanding its Global Tuberculosis Programme to accelerate progress and coordinate activities already under way. WHO is working closely with the World Bank as it increases loans and other resources available to national tuberculosis control efforts.

28. Condoms have been shown to provide effective protection against transmission of HIV. Inter-agency dialogue on improved condom supply and distribution began in February 1990 at a formal consultation convened by WHO, in which representatives from the International Planned Parenthood Federation (IPPF), UNFPA, UNICEF, the United States Agency for International Development (USAID) and the World Bank participated. Since then five further meetings have been convened, involving additional participation from UNDP, the Commission of the European Communities and bilateral aid agencies. Those meetings have improved understanding of the complexity of effective condom-related interventions and of the challenge that the explosive growth in demand for condoms poses for the coordination of scarce technical and financial resources. Condom promotion and supply are now part of a global initiative on contraceptive requirements and logistics management needs in

developing countries, coordinated by UNFPA. Other agencies are also interested in this area, for example, the United Nations Industrial Development Organization (UNIDO), which is planning to assist condom manufacture in some countries.

Prevention of blood-borne transmission of HIV

29. HIV transmission through blood transfusions can be prevented by the rational use of safe blood and blood products. The WHO Global Blood Safety Initiative, in which the League of Red Cross and Red Crescent Societies participates, serves as the main coordinating mechanism for efforts to prevent blood-borne transmission of HIV. UNDP has provided financial support to the initiative since its inception in 1987. The World Bank is also involved in this area, primarily assisting in the purchase of laboratory equipment to improve blood-screening processes.

30. Drug injectors acquire and transmit HIV through the sharing of unsterilized needles and other injection equipment, as well as through sexual intercourse. Activities supported by the United Nations system to reduce transmission in this way are outlined above (see para. 24).

Prevention of perinatal transmission of HIV

31. As heterosexual transmission of HIV becomes the predominant mode of transmission in most countries, there is a corresponding increase in the number of infants being infected with HIV from their mother. While recognizing that the best strategy for preventing such transmission is to prevent the sexual transmission of HIV to women, United Nations agencies are also supporting research and selected interventions to reduce transmission from mother to child. WHO is continuing to support activities in this area, including the identification of research priorities to prevent perinatal transmission, studies on different routes of such transmission and, in collaboration with UNICEF, an experts meeting to consider the results of recent studies on HIV transmission through breast-feeding. Research on the relationship between HIV transmission and breast-feeding continues and will be expanded in line with recommendations from the experts meeting.

Coordination of research related to prevention

32. Given the rapid evolution of the pandemic, intensified, well-coordinated research is needed in many areas, including those involving the determinants of behavioural change, the biomedical aspects of the disease and the development of drugs and vaccines. Much of that research has potential implications for the prevention of HIV/AIDS.

33. In research efforts related to HIV prevention and control, several agencies of the United Nations system have focused on behavioural change. WHO is sponsoring research to assess the effectiveness of interventions to prevent AIDS and sexually transmitted diseases. WHO has also established a GPA Steering Committee on Social and Behavioural Research that identifies both

research priorities and scientists/institutions able to pursue them, reviews research proposals, monitors and evaluates their progress and suggests approaches for the wide dissemination of results. The Steering Committee has identified three main areas for social and behavioural research: coping with HIV/AIDS, determinants of sexual behaviour and social and behavioural issues related to biomedical research and treatment. Research into coping will assess ways in which individuals, communities and health-care systems respond to HIV/AIDS. Research into the determinants of sexual behaviour aims to assess the viability of different interventions and will include study of the impact of the female condom on women's ability to protect themselves from HIV infection. In the area of biomedical research and treatment, the priority focus will be on social and behavioural issues in vaccine trials. UNDP, in collaboration with a group of non-governmental organizations, is holding a series of regional consultations on the role of communities in encouraging behavioural change. UNICEF is engaged in developing community-based risk assessment and prevention methodologies that can be used by country offices. The World Bank is supporting a study on community-based prevention strategies in Africa, emphasizing changes in attitudes and behaviour. The Division for the Advancement of Women is supporting operational research on interventions to reduce the burden of the disease on women.

34. The WHO/GPA Steering Committee on Clinical Research and Drug Development has set research priorities, worked out a strategy for development of drugs for treatment of HIV and HIV-related diseases and agreed on criteria for selecting drugs for clinical trials in developing countries. A comprehensive strategy for AIDS vaccine development, coordinated by the WHO/GPA Steering Committee on Vaccine Development, specifies tasks in formulating, testing and eventually ensuring availability of HIV vaccines. It is designed to maximize involvement of a broad range of agencies and institutions in vaccine-related research. Vaccine trial sites are under development in four developing countries with support from WHO.

Reducing the social and personal impact of HIV/AIDS

35. The United Nations system's efforts to reduce the social and personal impact of HIV/AIDS are based on two interrelated strategies. Firstly, agencies are working to improve the scope and quality of services available to persons with HIV/AIDS, as well as to meet expected increased demand for those services. Secondly, agency programmes are aiming to improve the coping capacity of persons with HIV/AIDS and of their families.

36. The provision of health care to persons with HIV/AIDS, and support to their families and communities, are becoming increasingly important because of the growing numbers of HIV-infected persons and the burden they place on health-care systems of developing countries. Agencies of the United Nations system focus efforts on the groups and activities most closely related to their mandates. Given its special responsibility for health, WHO is spearheading many initiatives related to improved health care for persons with HIV/AIDS. Major areas of activity include planning and strengthening of

health-care systems, clinical care and management of people with HIV/AIDS, counselling, and strategies for expanded home and community care. The World Bank is also assisting efforts to improve counselling and clinical care for persons with HIV/AIDS. WHO, UNDP, UNICEF and other agencies of the United Nations system are supporting efforts of non-governmental organizations to improve health-care services and explore alternative home- and community-based delivery systems. In addition, the secretariat for the International Year of the Family, within the United Nations Office at Vienna, is collaborating with WHO on a publication entitled "AIDS and the Family" in order to ensure that this important issue is addressed during the International Year of the Family in 1994. The Crime Prevention and Criminal Justice Branch of the Centre for Social Development and Humanitarian Affairs of the United Nations Office at Vienna is developing guidelines for institutional and clinical management of prisoners with HIV/AIDS, in collaboration with WHO, the Centre for Human Rights and UNDCP.

37. UNDP is developing innovative approaches, strategies and programmes to strengthen the coping capacity of HIV/AIDS-affected individuals, families, communities, the private sector and Governments, by both exploring financing mechanisms to lessen the social and economic impact of the disease and strengthening existing networks of non-governmental organizations and other institutions.

38. One of the more formidable challenges of the AIDS pandemic is its disproportionate impact on poor and vulnerable populations. The provision of health and social services must therefore also strive to reach these groups. For example, the World Food Programme (WFP) offers food aid to programmes aimed at improving the education and employment opportunities of people who have HIV/AIDS or belong to vulnerable groups. WFP projects include provision of food assistance to poor sectors of the population that are nutritionally at risk. While WFP prefers not to single out persons with AIDS or their families, the poor and nutritionally-at-risk groups increasingly include those persons and their families. UNHCR cooperates with ministries of health in providing AIDS prevention and control services among refugee populations. The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) has worked out a plan of action on HIV/AIDS for the Palestinian refugee population of Gaza and the West Bank.

39. Agencies of the United Nations system are also supporting activities to reduce the risk of transmission related to people's occupations, either by improving work conditions or changing people's behaviour. ILO supports initiatives on the possible impact of the pandemic on the rights and welfare of workers and has pioneered workplace-based AIDS information and education. The International Maritime Organization (IMO) is concerned with matters that affect seafarers, such as unnecessary HIV screening of ships' crews and passengers. At recent meetings of the IMO strong recommendations have been made against such screening. WHO is promoting universal precautions for laboratory personnel and health-care workers, especially those handling blood or carrying out skin-piercing, surgical and other invasive procedures. This initiative involves extensive training of health workers, including

traditional practitioners and birth attendants, and the prioritized allocation of the necessary protective supplies and equipment.

40. During the past few years, the impact of AIDS on women has increased dramatically. WHO is developing a comprehensive strategy on women and AIDS. In preparing the strategy, WHO is soliciting the input of several other agencies and organizations of the United Nations system including UNDP, UNICEF, UNFPA and the Division for the Advancement of Women, all of which provide extensive support to programmes aimed at lessening the personal, social and economic burden of HIV/AIDS on women. A wide range of United Nations system and other organizations will be consulted during the further development of the strategy and in the monitoring of its implementation.

41. WHO has stressed the prevention of HIV transmission to and from women, with support for development of the female condom and of vaginal virucides and for studies on perinatal transmission. WHO is reviewing ongoing HIV/AIDS home care programmes, which feature women as care givers, with a view to improving future efforts. A rapid assessment method for collecting women's views on HIV/AIDS is being tested, with the aim of helping countries develop strategies for AIDS prevention among women. WHO, along with other agencies of the United Nations system, is cooperating with several international women's organizations in promoting AIDS awareness among women. UNDP has given priority to ensuring that prevention, care and treatment programmes are available for women.

42. United Nations agencies are also involved in efforts to eliminate discrimination against persons with HIV/AIDS. The Centre for Human Rights is coordinating a study on this subject under the aegis of the Subcommission on Prevention of Discrimination and Protection of Minorities, in collaboration with WHO and other agencies of the United Nations system. WHO is monitoring immigration and other legislation affecting persons with HIV/AIDS and their families. UNDP is promoting and strengthening legal networks to address the legal, ethical and human rights issues raised by the epidemic. Throughout the United Nations system, non-discrimination is promoted as both a human rights imperative and a technically sound strategy for ensuring that infected persons are not driven underground, where they are inaccessible to education programmes and unavailable as credible bearers of AIDS prevention messages to their peers.

Reduction and mitigation of social and economic consequences

43. The social and economic consequences of AIDS for society at large are already enormous in many countries and are bound to grow significantly in the years ahead. The direct and indirect economic costs of AIDS entail vastly increased spending on health care; drain on health-care resources, including hospitals, drugs and staff; decimation of the workforce (loss of production and productivity in all sectors of the economy, including women's labour in and outside the home); loss of investment in the training of skilled labour and educated professionals; loss of consumers and purchasing power; and loss of tourist revenues. In the developing countries, social disintegration may

well occur and even political turmoil is possible. AIDS orphans will swell the ranks of street children, already estimated at 100 million, thereby increasing the numbers of young people vulnerable to infection with HIV.

44. The AIDS pandemic thus threatens the very fabric of society. All sectors of the economy, private as well as public, and nations everywhere must help bring the pandemic under control. Four kinds of approach are required: assessments of the present situation and future projections, development of appropriate policies, action to cope with the consequences and mobilization and allocation of resources.

Assessments of the situation

45. To ensure that planning proceeds on a solid foundation, accurate assessments of the pandemic's impact on different groups, communities and sectors of society are essential. Several agencies of the United Nations system are supporting such assessments. Some are focusing on the impact of the AIDS pandemic on specific groups, usually through rapid assessment procedures or operational research. WHO and the World Bank, for example, are cooperating in an assessment of the AIDS situation in the United Republic of Tanzania with the aim of providing improved information on which to base decisions about the allocation of resources at the local level. The World Bank is supporting a study on the impact of AIDS on the household, including the effect on productivity and the cost of treating a case of AIDS in relation to household finances. The Food and Agriculture Organization of the United Nations (FAO) has studied the effect of AIDS on farming communities, particularly in terms of labour shortages. The United Nations University is developing a standard methodology for rapid assessments, which will be issued in 1992.

46. More general assessments of the pandemic's socio-economic impact are also under way. UNDP is supporting country-level workshops to focus on the human, social and economic development implications of the epidemic. The World Bank is engaged in major studies in the United Republic of Tanzania and Uganda of the potential socio-economic impact of HIV/AIDS on key economic sectors. The World Bank has also developed a methodology for estimating the demographic impact of AIDS on sub-Saharan Africa and is preparing an analysis entitled "The macro-economic impact of AIDS in sub-Saharan Africa". The Department for Economic and Social Development of the United Nations Secretariat has collaborated with WHO and UNFPA on producing a publication on the demographic consequences of AIDS and is seeking the cooperation of other organizations on a comprehensive analysis of the socio-economic impact of AIDS in developing countries. During the next two years, the Department of Economic and Social Development plans to study the expected mortality effects of the AIDS pandemic and prepare a database of country-level policies and other resources to respond to the epidemic. Data on AIDS will also be included in two major United Nations publications: The 1993 Report on the World Social Situation and Socio-economic Perspectives to the Year 2000.

Policy development

47. Given their wide range of expertise, agencies of the United Nations system can contribute substantially to the development of national policies designed to mitigate the social and economic consequences of AIDS. In countries with a low prevalence of AIDS, highest priority is given to policies that will help prevent HIV transmission; in settings of higher prevalence, dealing with the multifaceted impacts of the disease becomes more important. In all countries, sound sectoral planning and intersectoral coordination are key issues for national AIDS programmes. UNDP, with its particular expertise in human development, has been instrumental in assisting countries to establish multisectoral and integrated programmes to respond to the epidemic.

48. Assistance in policy formulation is needed in at least three areas. First, national AIDS programmes need help in formulating technical policies, for example, strategies for reinforcing health-care systems, developing cost-effective diagnostic procedures and reducing high-risk behaviours among specific groups including sex workers and injecting drug users. As suggested above, the United Nations system has already amassed considerable knowledge and experience in these areas.

49. Second, Governments need advice on such key socio-economic issues as estimating costs of the epidemic, adjusting human resource requirements and revising demographic and financial projections. Agencies of the United Nations system are now giving more attention to these areas and are supporting a growing number of activities (see paras. 45-46).

50. Third, the United Nations system will be looked to for guidance and leadership in other essential but less charted policy areas involving, inter alia, ways to overcome national and global denial and complacency about the pandemic; arguments to counter stigmatization and discrimination against people with HIV/AIDS; support for greater involvement of non-governmental and community-based organizations; and techniques to create and sustain a broad, multisectoral response to the most serious epidemic of this century. While a number of activities are under way (see paras. 19-42), concerted efforts are needed to create a supportive environment in which those activities can be implemented and sustained.

Action to cope with consequences

51. As the assessments described in paragraph 43 suggest, the socio-economic consequences of AIDS are devastating. Within the framework of the Global AIDS Strategy, and through the coordination of WHO, the United Nations system is beginning to undertake efforts to help national Governments cope with those consequences.

52. Among the most serious social consequences of the pandemic are the disruption of family structures, greatly increased numbers of orphans and unprecedented mortality levels among key age groups, for example, adults between 14 and 45 years. WHO is helping Governments develop affordable

systems of care and family support, and UNICEF is increasing assistance to services for orphans, families and communities affected by AIDS. Strengthening community support mechanisms is, in fact, a priority for several organizations, including UNDP, UNICEF, the World Bank and WHO. WHO is leading efforts to reinforce health systems and prepare them to withstand the strain of increased, long-term demands for care and counselling.

53. The economic consequences are equally alarming. These include direct care costs (as the number of HIV-infected persons developing AIDS steadily increases) as well as more indirect effects, for example, costs associated with loss of income and decreases in productivity of the workforce. UNDP is devoting attention to building national capacity to analyse and respond to the economic implications of the epidemic. Priority is being given, inter alia, to integrating national HIV/AIDS plans into overall national development policies. The World Bank is assisting efforts to analyse and respond to the health-care costs associated with HIV/AIDS (for example, in India and the United Republic of Tanzania) as well as to the impact of AIDS on the industrial sector; FAO is helping to counteract negative consequences on agricultural production, especially in sub-Saharan Africa. More will certainly need to be done in these areas in the years ahead.

Mobilizing resources

54. The enormous growth in the external financial resources needed globally for AIDS prevention and care is due to the growing number of countries affected by the pandemic, the increasing prevalence of infection within each country, the increasing burden of ill health among HIV-infected persons as they progress towards AIDS and the indirect costs to key sectors of the economy. Those costs can be expected only to increase further in the coming years.

55. At present, the medium-term plan of the national AIDS programmes is the central mechanism for mobilizing resources at the country level. The WHO Trust Fund for the Global Programme on AIDS has served as one mechanism for attracting international contributions from donor agencies. Some agencies have provided resources directly to countries. As the pandemic spreads and the activities of organizations both within and outside the United Nations system expand, funding mechanisms are also evolving. During this process it is essential to preserve the principles of coordination and optimal complementarity of funding.

56. WHO estimates that in 1990 alone US$ 965 million was required for the prevention activities of national AIDS programmes. Annual costs will increase significantly by the year 2000, especially to meet prevention, care and socio-economic needs. Meeting these requirements will take a concerted - and intensified - commitment of resources from national Governments, donor agencies and international organizations. The resource gap between what is needed and what is available will no doubt increase annually. Urgent consideration must be given to ways to increase the total amount of resources available as well as use existing resources more efficiently.

IV. CONCLUSIONS AND RECOMMENDATIONS

57. Under the leadership of WHO, the United Nations system has worked since 1987 to coordinate its policies and programmes related to HIV/AIDS. A framework has been established, policies have been formulated and activities have been initiated, promoting global, regional and national responses to the epidemic. The bodies that currently exist have been established to meet this unprecedented challenge. The rapid spread and the evolving nature of the pandemic make it necessary to examine these mechanisms periodically as more is learned and activities of individual agencies expand. It will be important that the mechanisms are modified as appropriate, in the light of the myriad activities now under way and the increasingly formidable challenge HIV/AIDS poses both to the United Nations system and to the world at large during this decade and beyond.

58. Much has already been achieved in the past five years. Almost all Governments have established national AIDS programmes, many of which have adopted a multisectoral approach to the prevention and control of HIV/AIDS. In support of this approach, and to encourage it further, agencies of the United Nations system have coordinated their efforts in many areas and in unprecedented ways, linking with national mechanisms to meet the specific needs of country programmes.

59. AIDS has demonstrated conclusively the close interconnection between the state of the economy and the state of people's health. United Nations coordination must reflect this new paradigm in which health status is inextricably linked to development in other sectors. The far-reaching implications of the epidemic have, in any case, made strict categorization of responsibilities and actions according to sectors and agencies of the United Nations system difficult if not impossible. The need to integrate health, social, human rights and economic responses across many sectors and the need for the United Nations system to mount a comprehensive and coordinated response are clear.

60. An effective response depends on four key principles. Specifically:

(a) All agencies should respond within their particular areas of expertise, including the coordination of activities within their sectors;

(b) All agencies should develop the capacity to work intersectorally in areas related to HIV/AIDS;

(c) All activities should fall within an overall global framework;

(d) Effective leadership and coordination with respect to these efforts must occur at the global and national levels.

61. In the preceding sections of the present report some of the many activities already under way have been described. In some areas, (for example, education to prevent sexual transmission of HIV/AIDS), activities are

being carried out simultaneously by all agencies; other issues (for example, clinical management of persons with HIV/AIDS) are the particular concern of a few more specialized organizations. Almost all areas of activity, however, require collaboration in one form or another.

62. The Global AIDS Strategy provides the overall policy framework for such collaboration and guides the work of both individual organizations and inter-agency groups. It is also the basis on which national AIDS strategies are developed. The role of WHO/GPA is to provide leadership and technical guidance in the promotion - and implementation - of this Strategy throughout the United Nations system. In fulfilling this role, WHO gives priority to policy formulation, programme planning, advocacy, dissemination of information, development of interventions, socio-behavioural and biomedical research, epidemiological surveillance and forecasting of the epidemic's demographic, social and economic impact. WHO views its leadership role primarily as a responsibility to ensure that what needs to be done is done. To achieve this, WHO promotes and facilitates the activities of other United Nations partners in their areas of comparative advantage and expertise.

Country-level coordination

63. National AIDS programmes are the principal coordinating mechanisms for AIDS activity at the country level. All external support should conform to the medium-term plans developed by those programmes and reinforce the approaches and strategies adopted therein.

64. The WHO/UNDP Alliance to Combat AIDS provides the framework to coordinate external support to national AIDS programmes. The Alliance combines the strength of WHO as the directing and coordinating authority in international health work, including health policy formulation, as well as in scientific and technical matters relating to health, and of UNDP as the central funding and coordinating mechanism for United Nations system operational activities in the field. It also encourages and facilitates the contribution of all other agencies in the United Nations system. In doing so, the Alliance calls upon UNDP to ensure a multisectoral response and upon WHO to provide policy input to all sectors and ensure the technical consistency of all activities, including those dealing with socio-economic consequences.

65. To strengthen and improve coordination at the country level, it is recommended:

(a) That the principal coordinating mechanism for all AIDS activities be the national AIDS programme;

(b) That agencies of the United Nations system strengthen national capacity to fulfil this role, including the coordination of partners in the private sector, non-governmental organizations, intergovernmental organizations and bilateral agencies;

(c) That the medium-term plan of the national AIDS programme provide the framework for coordinating external support to the programme.

Global-level coordination

66. The WHO lead agency role is carried out in the context of close consultation with other United Nations system organizations. Existing formal mechanisms of coordination have served the AIDS effort well and could, with proper reinforcement and strengthening, play an even greater role in ensuring smooth and effective coordination related to the pandemic.

67. The main purpose of the Inter-Agency Advisory Group on AIDS (described in para. 11) is to ensure United Nations system coordination in AIDS-related areas, and it has served this function well. Given the rapid expansion of interest and activities related to AIDS, however, there is also need for a more inclusive consultative mechanism for agencies of the United Nations system, bilateral donors and international non-governmental organization AIDS networks, as well as developing country interests. To be effective, such a mechanism must be based on joint commitment to a common set of principles and fundamental respect for the contributions of all organizations. It should also facilitate mutually supportive action by individual agencies (or groups of agencies) and country-level implementation of global agreements. Different options for the establishment of such a mechanism was scheduled for discussion by the WHO/GPA Management Committee in June 1992.

68. To strengthen and improve coordination at the global level, it is recommended:

(a) That all coordination of agencies of the United Nations system take place within the framework of the Global AIDS Strategy;

(b) That the role of WHO as lead agency for AIDS prevention and control be reaffirmed, in accordance with General Assembly resolution 42/8 and in view of the growing need for leadership of and technical consistency in AIDS activities at all levels;

(c) That agencies of the United Nations system give greater priority to AIDS-related activities and take more initiative in complementary and joint programming;

(d) That overall mechanisms for the global coordination of AIDS efforts be strengthened, including IAAG as principal coordinating body for the United Nations system, and that mechanisms be established to ensure political commitment, information exchange, discussion of common concerns, coordination of operational activities, policy and programmatic consensus and effective mobilization/allocation of resources among agencies and organizations within and outside the United Nations system.

69. In implementing these recommendations, efforts must be made to ensure that activities to improve United Nations coordination in AIDS prevention and control first and foremost meet the expanding needs of the pandemic. During the next several years increasing numbers of individuals, communities and countries will be affected by this disease. There is a compelling need to work together more closely than ever before - at all levels - to prevent further spread of HIV infection as well as enable countries to cope with the multifaceted consequences of HIV/AIDS. The challenge facing the United Nations system, as well as the world at large, is all too clear. Meeting that challenge require unprecedented levels of commitment, creativity and determination now and in the years to come.